

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51440

FILED
Apr 10, 2009
Secretary of State

Entity Name: SAWGRASS AT GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14849 HOLE-IN-ONE CIRCLE SW
FT MYERS, FL 339197147 US

New Principal Place of Business:

Current Mailing Address:

14849 HOLE-IN-ONE CIRCLE SW
FT MYERS, FL 339197147 US

New Mailing Address:

FEI Number: 65-0424438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATOE, DENNIS
509 EDISON AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORRENTINO, MICHAEL
Address: 14791 HOLE-IN-ONE CIR, PH-3
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: BENSON, DAVID
Address: 14791 HOLE-IN- ONE CIRCLE #308
City-St-Zip: FORT MYERS, FL 33919

Title: TD () Delete
Name: MARGOLIN, BOB
Address: 14791 HOLE-IN-ONE CIR SW #301
City-St-Zip: FT. MYERS, FL 339197147

Title: PD () Delete
Name: VALVO, ANTHONY
Address: 14791 HOLE-IN-ONE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: PAOLETTI, PHYLISS
Address: 14791 HOLE IN ONE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SORRENTINO, MICHAEL
Address: 14791 HOLE-IN-ONE CIR, PH-3
City-St-Zip: FORT MYERS, FL 33919

Title: VP (X) Change () Addition
Name: BENSON, DAVID
Address: 14791 HOLE-IN- ONE CIRCLE #308
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: MARGOLIN, BOB
Address: 14791 HOLE-IN-ONE CIR SW #301
City-St-Zip: FT. MYERS, FL 339197147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GOTRO, MARGE
Address: 14791 HOLE IN ONE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY VALVO

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date